

**APPLICATION FOR FOOD ESTABLISHMENT PERMIT**  
(Please type or print in blue or black ink)

**(OFFICIAL USE ONLY)**  
**PERMIT NO.**

**EXPIRATION DATE**

**ESTABLISHMENT NAME (dba)**

**ESTABLISHMENT LOCATION ADDRESS**

**TAX MAP KEY**

STREET: \_\_\_\_\_

ZONE

SECTION

PLAT

PARCEL

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

**OWNER NAME (Corp., LLC, Partnership, Sole Owner, Other)**

**EST. PHONE #**

**OTHER PHONE #**

**MAILING ADDRESS (If different from establishment location address)**

ATTN OR C/O: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

**E-MAIL ADDRESS (Optional)**

**I UNDERSTAND THAT THE ISSUANCE OF THE FOOD ESTABLISHMENT PERMIT IS CONTINGENT UPON COMPLIANCE WITH THE REQUIREMENTS OF HAWAII ADMINISTRATIVE RULES, TITLE 11, CHAPTER 12, "FOOD ESTABLISHMENT SANITATION," AND AFTER ISSUANCE, THE PERMIT MAY BE SUSPENDED OR REVOKED FOR FAILURE TO COMPLY WITH THE PROVISIONS OF THIS CHAPTER.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OWNER/AGENT

\_\_\_\_\_  
PHONE # OF OWNER/AGENT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

**(OFFICIAL USE ONLY) FEE AMOUNT: \_\_\_\_\_**  
**(Non-Refundable)**

**Make check payable to: STATE OF HAWAII (BANK ACCOUNT NAME AND ADDRESS MUST BE ON CHECK)**

**Submit completed application and fee to: SANITATION BRANCH**  
**81-980 HALEKII STREET, #103**  
**KEALAKEKUA, HI 96750**

THERE WILL BE A SERVICE FEE OF \$25.00 FOR ANY CHECK DISHONORED BY THE BANK.

**SECTION BELOW FOR OFFICIAL DEPARTMENT OF HEALTH USE ONLY**

|   |           |   |                       |                   |                        |
|---|-----------|---|-----------------------|-------------------|------------------------|
| Sandistrict   | Est Type  | Last Regular Inspection Date                | Inactive Date: _____  | By: _____         | SU _____               |
|   |           |   | Reason: _____         |                   |                        |
| CIRCLE ONE:   New   Renewal   Transfer of Ownership   Est. Name Change   Operations Change   Mobile Food Est. Commissary Change |           |   |                       |                   |                        |
| CIRCLE APPLICABLE OPERATIONS:   |           |   |                       |                   |                        |
| 1) RECEIVING  |           | 3) HOT STORAGE                              |                       | 5) TRANSPORTATION |                        |
| 2) COLD STORAGE   |           | 4) THERMAL PROCESSING                       |                       | 6) COOLING        |                        |
|   |           |   |                       | 7) REHEATING      |                        |
|   |           |   |                       | 8) DISPLAY        |                        |
| Fee Paid  | Date Paid | Method of Payment                           |                       | Receipt No.       | Received By            |
| APPROVED BY:  |           |   |                       |                   |                        |
| _____<br>Date   |           | _____<br>Signature of Agent/Dept. of Health |                       |                   | _____<br>R.S. Lic. No. |
| DATE PERMIT MAILED: _____   |           |   | CHECKED:   SU   _____ | DI   _____        |                        |